

IDENTIFICATION STRIP: Please fill in all blanks to ensure return of strip. NO RECORD WILL BE KEPT OF YOUR IDENTITY.

This section will be returned to you.

(SPACE BELOW RESERVED FOR ASRS DATE/TIME STAMP)

TELEPHONE NUMBERS where we may reach you for further details of this occurrence:

HOME Area ____ No. ____ - ____ Hours ____

ALTERNATE Area ____ No. ____ - ____ Hours ____

NAME _____

TYPE OF EVENT/SITUATION _____

ADDRESS/PO BOX _____

DATE OF OCCURRENCE _____

CITY _____ **STATE** _____ **ZIP** _____

LOCAL TIME (24 hr. clock) _____

**DO NOT REPORT AIRCRAFT ACCIDENTS AND CRIMINAL ACTIVITIES ON THIS FORM --
ACCIDENTS AND CRIMINAL ACTIVITIES ARE NOT INCLUDED IN THE ASRS PROGRAM AND SHOULD NOT BE SUBMITTED TO NASA.
ALL IDENTITIES CONTAINED IN THIS REPORT WILL BE REMOVED TO ASSURE COMPLETE REPORTER ANONYMITY.**

PLEASE FILL IN APPROPRIATE SPACES AND CHECK ALL ITEMS WHICH APPLY TO THIS EVENT OR SITUATION

REPORTER

EXPERIENCE

- ☐ Flight Attendant (FA) ☐ Trainee
☐ FA in charge ☐ Off-Duty FA
☐ Extra FA
☐ Other _____

Total years as Flight Attendant _____
Total years as FA with your current airline _____
Number of aircraft types currently qualified to work on _____
Percent of duty time in past year on aircraft type involved _____

FLIGHT INFORMATION

Type of Aircraft

(Make/Model) _____

number of seats _____ number of pax on board _____ number in cabin crew _____
number of exits: floor level _____ window _____ tailcone _____

Flight Segment

flight origin _____ destination _____ departure time _____
time since takeoff _____ hrs/mins nearest city/state (if known) _____

**Cabin Activity
(check all that
apply)**

- ☐ boarding ☐ beverage service ☐ cart service ☐ movie
☐ deplaning ☐ meal service ☐ tray service ☐ other _____
☐ safety related duties, specify _____

OPERATOR

FLIGHT PHASE

WEATHER

LIGHTING

- ☐ air carrier
☐ commuter
☐ corporate
☐ charter
☐ other _____

- ☐ predeparture ☐ descent
☐ taxi ☐ approach
☐ takeoff ☐ landing
☐ climb ☐ gate arrival
☐ cruise ☐ other _____

- ☐ clear ☐ cloudy
☐ rain ☐ fog
☐ turbulence ☐ snow
☐ thunderstorms ☐ ice
☐ unknown

- CABIN** **OUTSIDE**
☐ bright ☐ daylight
☐ medium ☐ night
☐ dark

EVENT CHARACTERISTICS

Reporter's location in aircraft at time of event _____

Reporter's activity at time of event _____

Was a passenger directly involved
in the event? ☐ Yes ☐ No

Was fire/smoke involved in the event? ☐ Yes ☐ No

Did this event result in an injury?
to passenger? ☐ Yes ☐ No
to crew? ☐ Yes ☐ No

Was there an evacuation during or
as a result of this event? ☐ Yes ☐ No

AVIATION SAFETY REPORTING SYSTEM

Section 91.25 of the Federal Aviation Regulations (14 CFR 91.25) prohibits reports filed with NASA from being used for FAA enforcement purposes. This report will not be made available to the FAA for civil penalty or certificate actions for violations of the Federal Air Regulations. Your identity strip, stamped by NASA, is proof that you have submitted a report to the Aviation Safety Reporting System. We can only return the strip to you, however, if you have provided a mailing address. Equally important, we can often obtain additional useful information if our safety analysts can talk with you directly by telephone. For this reason, we have requested telephone numbers where we may reach you.

Thank you for your contribution to aviation safety.

Please fold both pages (and additional pages if required), enclose in a sealed, stamped envelope, and mail to:



**NASA AVIATION SAFETY REPORTING SYSTEM
POST OFFICE BOX 189
MOFFETT FIELD, CALIFORNIA 94035-0189**

Keeping in mind the topics shown below, discuss those which you feel are relevant and anything else you think is important. Include what you believe really caused the problem, and what can be done to prevent a recurrence, or correct the situation. (USE ADDITIONAL PAPER IF NEEDED)

[illegible]

HUMAN PERFORMANCE CONSIDERATIONS

- Perceptions, judgments, decisions
- Actions or inactions
- Factors affecting the quality of human performance